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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In a PATENT application of)	Confirmation No. 4490
MORI, et al)	Examiner: Sang K. KIM
Serial No. 10/623,130)	Art Unit: 3654
Filed: July 9, 2003)	
For: WEBBING RETRACTOR)	DATED: December 22, 2005

AMENDMENT

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed September 22, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 2 of this paper.

CERTIFICATE OF FAX TRANSMISSION
I hereby certify that this correspondence is being
facsimile transmitted to the USPTO at
571-273-8300, on 12-22-05.

Linda Swink

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/6/23/30

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	23
INDEPENDENT CLAIMS	minus 3 =	20
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	23	
Independent	23	Minus	23	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	71	BASIC FEE	
OR		OR	
X\$ 25 =		X\$50 =	23
OR		OR	
X100 =		X200 =	23
OR		OR	
+180 =		+360 =	
TOTAL		TOTAL	

OTHER THAN
SMALL ENTITY

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	23	
Independent	23	Minus	23	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25 =		X\$50 =	
OR		OR	
X100 =		X200 =	300
OR		OR	
+180 =		+360 =	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	300
OR		OR	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	23	
Independent	23	Minus	23	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25 =		X\$50 =	
OR		OR	
X100 =		X200 =	
OR		OR	
+180 =		+360 =	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	
OR		OR	